SCANNED DEC 1 4 2018

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

/ Inter		nue Service	- Go to www.iis.govii oiiiisso toi					· · · · · · · · · · · · · · · · · · ·				
<u>A</u>	For th	e 2017 ca	endar year, or tax year beginning			, and e	nding					
<u>B</u>	Check if	applicable	C Name of organization NRA Freedom Action Fe	oundation				D Employ	er identi	fication number		
	Address	change	Doing business as		,							
	Nama ab		Number and street (or P O box if mail is not delivered to	street address)	Room	1/surte		26-12779				
닏	Name ch	lariye	11250 Waples Mill Road					E Telepho	ne numb	er		
Ш	Initial ret	um	City or town	State	ZIP c			(703) 267	-1000			
\Box	Final return	n/terminated	Fairfax	VA	2203	<u>30-740</u>	<u> </u>	1,00,20				
	r mai retur	INCHIMACO	Foreign country name Foreign province/sta	te/county	Forei	gn posta	code					
\sqcup	Amende	d return						G Gross r	eceipts \$	940,638		
	Applicati	on pending	F Name and address of principal officer				H(a) is	this a group retu	m for subo	rdinates? Yes X No		
ш			Craig B Spray 11250 Waples Mill Rd, Fairfax,	VA 22030				Are all subordin		= =		
						7 1		If "No," attach a				
1 7	Fax-exen	npt status	X 501(c)(3) 501(c) () ◀ (insert no	4947(a)(1)	or [<u></u> 527£		ii No, allacii a	1131 (366	manucacins)		
JI	Nebsit	e: 🕨 ww	v nrafaf org				H(c) (Group exemptio	n number	<u> </u>		
K	Form of o	rganization	X Corporation Trust Association	Other >		L Ye	r of for	mation 200	8 м:	State of legal domicile VA		
=	art i	Su	nmary									
	1		escribe the organization's mission or most sign	ificant activities		Toe	ducat	e Americans	with re	espect to their		
8	1 '		il rights as citizens, with particular emphasis or									
Constitution of the United States												
<u> </u>												
2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets												
ڻ معا	3		of voting members of the governing body (Par						3	5		
S	4		of independent voting members of the governi	• , ,	•	•			4	1		
Activities &	5		mber of individuals employed in calendar year	2017 (Part V, I	ine 2a	a)			5	0		
흦	6	Total nu	mber of volunteers (estimate if necessary).						6	5		
ĕ	7a	Total un	elated business revenue from Part VIII, colum	n (C), line 12					7a	0		
	b	Net unre	lated business taxable income from Form 990-	T, line 34					7b	0		
	1		Γ	DECE	1\ /⊑	ח		Prior Year		Current Year		
<u>e</u>	8	Contribu	tions and grants (Part VIII, line 1h)	RECE	IVE		_اد	6	02,075	931,099		
Revenue	9		service revenue (Part VIII, line 2g)			- 1	8		0	0		
Š	10	Investm	ent income (Part VIII, column (A), lines 3, 4, or venue (Part VIII, column (A), lines 5, 6d, 8c,	19 7d) 10 to 10	3 20	18	인		3,137	9,539		
œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 🕰	100 Yana Me	, 20	i	Ø		0	0		
	12	Total rev	enue—add lines 8 through 11 (must equal Part VII	l column (A), lin	ie 12)		<u> </u>	60	05,212	940,638		
	13		nd similar amounts paid (Part IX, column (A), I						0	0		
	14	Benefits	paid to or for members (Part IX, column (A), 🚻	le 4)	and the second				0	0		
Ś	15	Salaries,	other compensation, employee benefits (Part IX, o	olumn (A), lines	5-10)			0	·		
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line	11e)		•			0	0		
be	b		draising expenses (Part IX, column (D), line 25			9,703				1		
ñ	17		penses (Part IX, column (A), lines 11a-11d, 11					1,99	94,035	790,430		
	18		penses Add lines 13–17 (must equal Part IX, c		25)				94,035	790,430		
	19		less expenses Subtract line 18 from line 12	(),	,			-1,38	150,208			
es_		ricronia	Tool oxportors and the transfer of the				Begii	nning of Curre		End of Year		
ets	20	Total as	ets (Part X, line 16)						96,850	1,720,945		
Ass	21		ilities (Part X, line 26)						10,056	101,512		
Not Assets or Fund Balances	22		ts or fund balances Subtract line 21 from line	20			1,386,794 1,6					
	rt II		nature Block									
			I declare that I have examined this return, including accomp	panying schedules	and sta	tements	and to	the best of my	knowledg	e		
	•		t, and complete Declaration of preparer (other than officer)	-					-			
C:-			(1)							11/5/2018		
Sign			Signature of officer					Date				
Hei	re		Craig B Spray			Treas	urer					
			Type or print name and title									
			Type preparer's name Preparer's s	ignature			D	ate		PTIN		
Pai	d	_		Futura			1.		Check [
	parer	Zacl	Fortsch				1_1	1/5/2018	self-emp	loyed P00052725		
	e Only		name ► RSM US LLP					Firm's EIN	41-19	944416		
	,		address One South Wacker Ste 800, Chicago	jo, IL 60606				Phone no	312-6	534-3400		
May	the IR		this return with the preparer shown above? (s		}					X Yes No		

For Paperwork Reduction Act Notice, see the separate instructions. $\ensuremath{^{\text{HTA}}}$

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Form **990** (2017)

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Part IV Checklist of Required Schedul **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		V	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X as applicable	**************************************	1.40	34.75 (C)
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	, , ,	i	v
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		~
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		~
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			~
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	46		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	46		~
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2017) **Checklist of Required Schedules** (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١		.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	امما		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	123	$\stackrel{\frown}{}$	
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		Ì	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	<u> </u>		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	ĺ	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ا 👡 ا		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 " 		
-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		\neg	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\longrightarrow	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
•-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	_		
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	+	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-"	\dashv	
JÜ	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 Treatment of the control of the c	1 00		

Form 990 (2017)

Statements Regar	rding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response or note to any line in this Part V.		<u> </u>				Ш
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		0			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	repor	table				
	gaming (gambling) winnings to prize winners?			l	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		<u>o</u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		γ.		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	•		١			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .			ļ	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			ļ	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financ	al				
	account)?		•	-	4a	igwdapprox	X
b	If "Yes," enter the name of the foreign country			ı			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia (FBAR)	I Acco	ounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			L	5a	igsqcut	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	actio	ነ? .	Ļ	5b	لــــا	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the					l
	organization solicit any contributions that were not tax deductible as charitable contributions?	•		ŀ	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions	or				ĺ
_	gifts were not tax deductible?		•	ŀ	6b	$\vdash \vdash \vdash$	├
7	Organizations that may receive deductible contributions under section 170(c).		4-	١			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goo	as	ŀ			
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		•	ŀ	7a 7b		┢
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			ŀ	''		
·	required to file Form 8282?	was			7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		ŀ	.		Ĥ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		act?	┪	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			ı	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88			Ī	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		,	ľ	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain						
	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966? .				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			L	9b		
10	Section 501(c)(7) organizations. Enter					.	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4	1		ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		. [
11	Section 501(c)(12) organizations. Enter	امما					
a	Gross income from members or shareholders	11a		┥			
þ	Gross income from other sources (Do not net amounts due or paid to other sources	446					
420	against amounts due or received from them.).	11b	412	+	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	417 .	╁	12a		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		\dashv	ļ		
a	Is the organization licensed to issue qualified health plans in more than one state?			 	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O		• •	-	. Ja		
b	Enter the amount of reserves the organization is required to maintain by the states in which						
_	the organization is licensed to issue qualified health plans	13ь				Ì	
С	Enter the amount of reserves on hand	13c		\dashv			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			\top	14a	\Box	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	<u>ıle</u> O	<u>.</u> .	_	14b		
				_			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sect	ion A. Governing Body and Management				
000.	Office Covering Body and management	<u>-</u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under t				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	_		
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		ا ۔. ا		.,
_	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring			
_	the year by the following The government hadde?		8a	X	لـــــا
a	The governing body?	•	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		0.5	^	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the				
	ion b. 1 onoics (This occitor b requests information about policies netroquires by the		1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur	poses? .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	-X	
14	Did the organization have a written document retention and destruction policy?	·	14	Х	
15	Did the process for determining compensation of the following persons include a review and approximate independent persons, comparability data, and contemporaneous substantiation of the deliberation and contemporaneous substantiation an				
а	The organization's CEO, Executive Director, or top management official.	and decision:	15a		X
b	Other officers or key employees of the organization	•	15b		$\frac{\lambda}{x}$
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	, ,	.00		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	:		
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg				
	the organization's exempt status with respect to such arrangements? .		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Sta	·			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Section 501(c)(3)	s only	')	
	available for public inspection. Indicate how you made these available. Check all that apply.				
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest poli	cy, an	d	
	financial statements available to the public during the tax year	00kg and a	_		
20	State the name, address, and telephone number of the person who possesses the organization's b				
	Craig B. Spray	703-267-1000			

Form 990 (2017) NRA Freedom Action Foundation									26-12779	141 Page 7
Part VII Compensation of Officers, Dire	ctors, Truste	es, K	(ey	Em	nplo	oyee	s, ŀ	lighest Comp		, , , , , , , , , , , , , , , , , , ,
Employees, and Independent C	Contractors		-		•					
` Check if Schedule O contains a r	esponse or no	te to	an	y lir	ne ii	n this	Pa	art VII		<u> L</u> _
Section A. Officers, Directors, Trustees, Key E	mployees, and	High	est	Con	npe	nsate	d E	mployees		
1a Complete this table for all persons required to be	listed. Report co	mper	ısatı	on f	for t	he ca	lend	dar year ending v	with or within the	
organization's tax year.										
• List all of the organization's current officers, di						luals	or o	rganızatıons), re	gardless of amo	unt
	of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See instructions for definition of "key employee."									
 List the organization's current key employees, if any. See instructions to definition or key employee. List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) 										
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the										
rganization and any related organizations										
 List all of the organization's former officers, ke \$100,000 of reportable compensation from the organ 		_					ed e	employees who r	received more that	an
List all of the organization's former directors of the organization is former directors.	• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the									
organization, more than \$10,000 of reportable compe	ganization, more than \$10,000 of reportable compensation from the organization and any related organizations.									
,	ist persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest									
compensated employees, and former such persons										
Check this box if neither the organization nor any	y related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee.	
				(0	C)					
(A)	(B)	(do r	not ch		ition more	than c	ne	(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both an						Reportable compensation	Reportable compensation	Estimated amount of
	week (list any							from	from related	other
	hours for related		Institutional	Officer	Key employee	Highest co	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below dotted	ual t	g]	팋	yee 20	7	(W-2/1099-MISC)	, , , , , ,	organization and related
	line)	Individual trustee or director	Ş		yee	Highest compensated employee			ļ	organizations
		#	trustee			nsat				
		ļ	<u> </u>	_	_	ä				
(1) Chris W Cox	1.00			U					4 000 700	04 400
President, Chair of Board	58 00	X	├	X	┝				1,099,762	91,432
(2) Wilson H Phillips Jr Treasurer, Director	1.00 40.00	x		х	l				664,313	45,683
(3) David Lehman	1.00	 		Ĥ					004,515	45,005
Director	50.00	I							446,613	29,795
(4) Mary Rose Adkins	1.00									
Director	40 00	Х					i		246,391	58,871
(5) David Keene	1 00									
Secretary, Director	1 00	X	<u> </u>	Х	Щ.				32,000	0
(6)										

(10)

(11)

(12)

	art VII Section A. Officers, Directors, Tru		ploye	es,	and	iH t	ghes	t C	ompensated Em	nployees (contin			age O
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than is both	an	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other npensa from the ganization d relation	e ion ed
(15)													
(16)													
(17)						-							
(18)													
(19)													
(20)						-							
(21)													
(22)													
(23)	23)												
(24))												
(25)					<u> </u>								
1b c	Sub-total Total from continuation sheets to Part VII, Se	ection A .			· ·	<u> </u>	l	>	0	2,489,079 0		225	5,781 0
<u>d</u>	Total (add lines 1b and 1c).							>	0			225	5,781
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		е) v 4	vho	recei	ved	more than \$100	,000 of			
												Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>				oye	e, o	r higi	nest	t compensated				<u></u>
4	For any individual listed on line 1a, is the sum of				on a	nd o	other	con	npensation from				
	the organization and related organizations greated individual	nter than \$150,00	00? If	"Υε	es, "	con	plete	Sc	hedule J for suci	ከ	4		
5	Did any person listed on line 1a receive or accr	ue compensatio	n fror	n ar	nv u	Inrel	lated	org	anızation or indiv	· · · · · · · · · · · · · · · · · · ·	-		
	for services rendered to the organization? If "Ye										5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest compe compensation from the organization. Report co year										ax		
	(A) Name and business addi	ress							(B) Description of ser	vices C	(C) Compen		
		<u> </u>											0
								L					0
								\vdash					<u>0</u>
_								L					0
2	Total number of independent contractors (included more than \$100,000 of compensation from the	_	ed to ►	tho	se li	iste	d abo ດ	ve)	who received				

26-1277941 Form 990 (2017) NRA Freedom Action Foundation Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII . (A) (B) (C) (D) Total revenue Related or Unrelated Revenue excluded from exempt business function revenue tax under sections 512-514 revenue Federated campaigns 0 1a 1a Contributions, Gifts, Grants and Other Similar Amounts 0 b Membership dues . . 1b 0 1c Fundraising events C 30,815 1d Related organizations e Government grants (contributions) 1e 0 All other contributions, gifts, grants, and similar amounts not included above 1f 900,284 Noncash contributions included in lines 1a-1f. 931,099 Total. Add lines 1a-1f **Business Code** Program Service Revenue 0 2a 0 0 0 0 0 All other program service revenue 0 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts). 9,539 9,539 . . Income from investment of tax-exempt bond proceeds . 0 5 Royalties 0 (ı) Real (II) Personal 6a Gross rents b Less. rental expenses Rental income or (loss) 0 C 0 Net rental income or (loss) d (ı) Secunties (II) Other 7a Gross amount from sales of 0 0 assets other than inventory Less cost or other basis b 0 and sales expenses 0 0 Gain or (loss) 0 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ _____0 of contributions reported on line 1c) See Part IV. line 18 а 0 Less direct expenses . b 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 0 а 0 Less direct expenses b 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 0 а 0 b Less: cost of goods sold . 0 Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 0 11a 0 0

0

0

940,638

0

C

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

0

9,539

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).			
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)			

	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	nòt include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				· -
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	ındıviduals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 .	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		o	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages	0			-
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0	<u> </u>		
11	Fees for services (non-employees)			Î	
а	Management	l ol			
b	Legal	23,287		23,287	
С	Accounting	15,100		15,100	
d	Lobbying	0		,	
е	Professional fundraising services. See Part IV, line 17.	0		Î	
f	Investment management fees	2,713		2,713	
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	l ol		ol	
12	Advertising and promotion	735,409	735,409		
13	Office expenses	10,932		1,229	9,703
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	l ol			
19	Conferences, conventions, and meetings.	0			
20	Interest	2,157		2,157	· -
21	Payments to affiliates	0		_	
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0		_	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
а	Production printing for program services	832	832		-
b		.0			
С		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	790,430	736,241	44,486	9,703
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			İ	
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720) .				
					Farm 990 (2017)

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in the	is Part X			. 🔲
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		0	1	
	2	Savings and temporary cash investments	[684,731	2	855,249
	3	Pledges and grants receivable, net	[64,207	3	37,744
	4	Accounts receivable, net	[0	4	C
	5	Loans and other receivables from current and former officers, director	ors,			
		trustees, key employees, and highest compensated employees	1.			
		Complete Part II of Schedule L	. [0	5	
	6	Loans and other receivables from other disqualified persons (as defined under se 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe				
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	-			
Assets		organizations (see instructions) Complete Part II of Schedule L	·	0	6	
158	7	Notes and loans receivable, net	-	0	7	0
•	8	Inventories for sale or use	·	0	8	
	9	Prepaid expenses and deferred charges	·	0	9	
	10a	Land, buildings, and equipment: cost or				
		other basis Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b	0	0		0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11	· ·	0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		747,912	15	827,952
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	1,496,850	16	1,720,945
	17	Accounts payable and accrued expenses	·	0	17	
	18	Grants payable	· · ·	0	18	
	19	Deferred revenue	-	0	19	
	20	Tax-exempt bond liabilities	·	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule I). <u> </u>	0	21	
Liabilities	22	Loans and other payables to current and former officers, directors,	l			
Ħ		trustees, key employees, highest compensated employees, and	-			<u> </u>
ab		disqualified persons. Complete Part II of Schedule L .	·	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties .	· -	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	L	0	24	0
	25	Other liabilities (including federal income tax, payables to related thin	d			
		parties, and other liabilities not included on lines 17-24). Complete				
		Part X of Schedule D	ļ.	110,056		101,512
	26	Total liabilities. Add lines 17 through 25		110,056	26	101,512
ces		Organizations that follow SFAS 117 (ASC 958), check here ► complete lines 27 through 29, and lines 33 and 34.	X and			
a	27	Unrestricted net assets		280,347	27	468,650
Ba	28	Temporarily restricted net assets	L	1,106,447	28	1,150,783
힏	29	Permanently restricted net assets	[0	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. ▶ [and			
Net Assets	30	Capital stock or trust principal, or current funds .	~	0	30	
38	31	Paid-in or capital surplus, or land, building, or equipment fund.	[0	31	
ŤĀ	32	Retained earnings, endowment, accumulated income, or other funds	і Г	0	32	
Ž	33	Total net assets or fund balances		1,386,794	33	1,619,433
	34	Total liabilities and net assets/fund balances		1,496,850	34	1,720,945

Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total revenue (must equal Part VIII, column (A), line 25) Revenue less expenses (must equal Part X, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue Revenue Revenue Subtract line 33, column (A)) Revenue	Form	990 (2017). NRA Freedom Action Foundation	20	6-1277941	Pag	ge 12
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue and line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue and line 2 from line 2 from line 3 from 2	Par	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses Subtract line 2 from line 1. 3. 150,208 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4. 4. 1,386,794 Net unrealized gains (losses) on investments. 5. 14,807 Donated services and use of facilities. 6. 7. Investment expenses. 7. 7. Pror period adjustments. 8. 9. Other changes in net assets or fund balances (explain in Schedule O). 9. 67,624 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10. 1,619,433 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Check if Schedule O contains a response or note to any line in this Part XI				X
A Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990	1	Total revenue (must equal Part VIII, column (A), line 12)	1		940),638
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Investment expenses. Prior period adjustments Cither changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990	2	Total expenses (must equal Part IX, column (A), line 25)	2		790),430
Net unrealized gains (losses) on investments	3	Revenue less expenses Subtract line 2 from line 1	3		150) <u>,208</u>
Donated services and use of facilities 1	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	\vdash			
7 Investment expenses 7 8 9 Cher changes in net assets or fund balances (explain in Schedule O) 9 67,624 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,619,433 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	5	Net unrealized gains (losses) on investments	5		14	1,807
Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Color If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	6	Donated services and use of facilities	6			
9 67,624 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	8	Prior period adjustments	8			
Column (B)). 1,619,433 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.	9	Other changes in net assets or fund balances (explain in Schedule O)	9		67	7,624
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII . Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis Consolidated the interview, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O Sched			10		1,619) ,433
Accounting method used to prepare the Form 990	Part	XII Financial Statements and Reporting				_
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII				Ш
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			-		Yes	No
Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits If "Yes," did the organization why in Schedule O and describe any steps taken to undergo such audits		If the organization changed its method of accounting from a prior year or checked "Other," explain in			_	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		Schedule O				<u> </u>
reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	h	· ·	•	34		├^
	U			36		
		Togolista addition addition explain with in contentio of and describe any steps taken to undergo such addition			990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Employer Identification number Name of the organization NRA Freedom Action Foundation 26-1277941 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 $|\mathbf{x}|$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (h) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total 0

instructions . .

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	ans to quanty arr	der the tests he	sted below, piet	ase complete i	art m.,	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	439,805	1,134,568	1,198,165	602,075	931,099	4,305,712
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	0	0	0	0		0
3	The value of services or facilities						
	furnished by a governmental unit to the]					
	organization without charge .	. 0	0	0	0		0
4	Total. Add lines 1 through 3	439,805	1,134,568	1,198,165	602,075	931,099	4,305,712
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						795,014
6	Public support. Subtract line 5 from line 4						3,510,698
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	439,805	1,134,568	1,198,165	602,075	931,099	4,305,712
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from	İ					
	sımılar sources	16,667	11,077	4,028	3,137	9,539	44,448
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	0	0	0			0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0			0
11	Total support. Add lines 7 through 10						4,350,160
12	Gross receipts from related activities, etc. (se	ee instructions) .			. [12	0
13	First five years. If the Form 990 is for the o	-	econd, third, fourth	i, or fifth tax year a	s a section 501(c)(3)	_
	organization, check this box and stop here			•			▶
Sec	ction C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2017 (line 6, c	column (f) divided by	y line 11, column (f))		14	80.70%
15	Public support percentage from 2016 Sched	ule A, Part II, line 14	4		,	15	58 78%
16a	33 1/3% support test-2017. If the organiz	ation did not check	the box on line 13,	and line 14 is 33 1	1/3% or more, ched	ck this box	
	and stop here. The organization qualifies as	s a publicly supporte	ed organization.				. ▶ X
b	33 1/3% support test—2016. If the organiz	ation did not check	a box on line 13 or	r 16a, and line 15 is	s 33 1/3% or more,	, check this	
	box and stop here. The organization qualifie	es as a publicly sup	ported organizatıoı	n			▶ 🗌
17a	10%-facts-and-circumstances test—2017	7. If the organization	did not check a be	ox on line 13, 16a,	or 16b, and line 14	1	
	is 10% or more, and if the organization meet						
	Part VI how the organization meets the "fact	s-and-circumstance	s" test. The organi	zation qualifies as	a publicly supporte	ed	
	organization						▶ 🔼
b	10%-facts-and-circumstances test—2016	•		•		ne	
	15 is 10% or more, and if the organization m Explain in Part VI how the organization meet					lv.	
	supported organization	is une nacio-and-cir		me organization q	uaimes as a public	y	_
40							• • •
18	Private foundation. If the organization did r	not cneck a box on i	iine 13, 16a, 16b, 1	i/a, or 1/b, check	this box and see		

	(Complete only if you checke					qualify under Par	tji.
	If the organization fails to qu	alify under the	tests listed belo	ow, please com	plete Part II.)		<u>/</u>
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013̈́	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	\				/	_
2	received (Do not include any "unusual grants ")					- / - +	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	\ \					
	furnished in any activity that is related to the	Y	•				
	organization's tax-exempt purpose		<u> </u>				C
3	Gross receipts from activities that are not an		\				_
	unrelated trade or business under section 513				/		
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		\				
_	its behalf				/		C
5	The value of services or facilities		\				
	furnished by a governmental unit to the		\				
_	organization without charge		<u></u>			0	
6	Total. Add lines 1 through 5	4			0	U U	
/a	Amounts included on lines 1, 2, and 3			\ /			
_	received from disqualified persons			X		 	
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year .			1			n
c	Add lines 7a and 7b	0	/ 0	\ 0	0	0	
8	Public support (Subtract line 7c from			1	· · · · · · · · · · · · · · · · · · ·		
•	line 6.)			\			0
Sec	tion B. Total Support		/	1			·
Cale	ndar year (or fiscal year beginning in)	(a) 2013 🖊	(b) 2014	(c) 2015 🔪	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	/0	0	Ò	0	0	0
10a	Gross income from interest, dividends,	/			`.		
	payments received on securities loans, rents,				`\		
	royalties, and income from similar sources				<u>\</u>		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/			\		
	acquired after June 30, 1975	_		_	\	_	0
	Add lines 10a and 10b	0	0	0	\0	0	0
11	Net income from unrelated business				\		
	activities not included in line 10b, whether				\		•
40	or not the business is regularly carried on .						0
12	Other income Do not include gain or				\		
	loss from the sale of capital assets				`		0
12	(Explain in Part VI) Total support. (Add lines 9, 10c, 11,					 \ 	
13	and 12)	ام	o	ام	n		0
14	First five years If the Form 990 is for the oil	rganization's first s		or fifth tax year a	is a section 501(c)		
•	organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su	pport Percenta	age			`\	
15	Public support percentage for 2017 (line 8, c			n)		15 \	0.00%
16	Public support percentage from 2016 Sched					16	0.00%
	tion D. Computation of Investmen					\	
17	Investment income percentage for 2017 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2016 So					18	0 00%
	33 1/3% support tests—2017. If the organi			4, and line 15 is mi	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s						\ ▶∟
b	33 1/3% support tests—2016. If the organi						\
	line 18 is not more than 33 1/3%, check this				=		· · · \ · •
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	s <u>.</u>	\▶∟

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part V.))	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	<u> </u>		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			i
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
-	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
•	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	1		
	was accomplished (such as by amendment to the organizing document)			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	-33		
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
·	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in</i> Part VI.	6	_	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<u> </u>		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
Ū	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	—	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			f
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
D	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
^	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	130		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		'ا
10-		90		· ·
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10-		
L	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		<u> </u>
b	Did the diganization have any excess pusitiess holdings in the tax year? (Use Scriedule C, FORM 4720, 10	l		

determine whether the organization had excess business holdings.)

10b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trus	t on Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nızatıo	ns must complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	ļ		
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			• ""
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		···-	
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	\Box		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	grated Type III supporting of	
instructions).			

0

0

0

b Excess from 2014

c Excess from 2015.

d Excess from 2016.e Excess from 2017

26-1277941

Part _s VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)
	
	,
••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

201

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Maille	of the organization		-:""	noyer identification fidinger
NRA	Freedom Action Foundation			26-1277941
Par	Organizations Maintaining Donor	Advised Funds or Other Si	milar Funds	or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part I	V, line 6.	
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·		
5	Did the organization inform all donors and dor	L	acts hold in dor	nor advised
5	funds are the organization's property, subject			
	• • • • • • • • • • • • • • • • • • • •	•	•	Yes No
6	Did the organization inform all grantees, dono			
	used only for charitable purposes and not for	SIO.		
	purpose conferring impermissible private bene	MIC	<u> </u>	Yes No
Par	t II Conservation Easements.	_		
	Complete if the organization answer	<u>ed "Yes" on Form 990, Part I</u>	V, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that	apply)	
	Preservation of land for public use (e g , r	ecreation or education) 🔲 P	reservation of	a historically important land area
	Protection of natural habitat	Пр	reservation of	a certified historic structure
		٠ السما		
_	Preservation of open space	as hald a subtend assessment on		h
2	Complete lines 2a through 2d if the organization	on neio a qualified conservation of	contribution in t	17 69 11
	easement on the last day of the tax year.			
a	Total number of conservation easements		•	2a
b	Total acreage restricted by conservation ease			2b
C	Number of conservation easements on a certi		• •	2c
d	Number of conservation easements included in		not on a	امرا
•	historic structure listed in the National Registe			2d
3	Number of conservation easements modified,	transferred, released, extinguish	ed, or terminat	ed by the organization during
	the tax year		_	
4	Number of states where property subject to co			dlag of
5	Does the organization have a written policy re			
	violations, and enforcement of the conservation			
6	Staff and volunteer hours devoted to monitoring, in	specting, nandling of violations, and	enforcing conse	ervation easements during the year
-		A		
7	Amount of expenses incurred in monitoring, inspec	ting, nandling of violations, and enfo	orcing conservati	on easements during the year
•	\$	time 2(d) above actually the reason		-tion 170/h)/4)/D)/i)
8	Does each conservation easement reported o			
^	and section 170(h)(4)(B)(ii)?			Yes _ No
9	In Part XIII, describe how the organization rep			· · · · · · · · · · · · · · · · · · ·
	balance sheet, and include, if applicable, the t	_	ation's financial	i statements that describes
	the organization's accounting for conservation			
Par	Organizations Maintaining Collect	<u>-</u>	•	ner Similar Assets.
	Complete if the organization answer			
1a	If the organization elected, as permitted under			
	works of art, historical treasures, or other simil	•		
	of public service, provide, in Part XIII, the text			
b	If the organization elected, as permitted under			
	works of art, historical treasures, or other simil	•	n, education, c	or research in furtherance
	of public service, provide the following amount			
	(i) Revenue included on Form 990, Part VIII, I	ine 1		▶ \$
	(ii) Assets included in Form 990, Part X.			▶ \$
2	If the organization received or held works of a	t, historical treasures, or other si	mılar assets fo	r financial gain, provide the
	following amounts required to be reported und	er SFAS 116 (ASC 958) relating	to these items.	
а	Revenue included on Form 990, Part VIII, line	1	•	> \$
<u>b</u>	Assets included in Form 990, Part X .	• •		▶ \$

Par	Ul Organizations Maintaining Col		t, Histor	ical Trea	asures, or	Other	Similar Asse	ts (contin	ued)	
3	Using the organization's acquisition, acces		_						_	
	collection items (check all that apply)			-		-	-			
а	Public exhibition		d 🗌	Loan	or exchange	progra	ms			
b	Scholarly research		е П	Other						
С	Preservation for future generations									
Α	Provide a description of the organization's	collections and	evolain ho	w they fu	irther the ora	anızati	on's evemnt nurr	nose in Pai	+	
•	XIII	Collections and	explaining	W they lo	irtiler the org	ailizati	orra exempt purp	JOSE III I ai	•	
5	During the year, did the organization solici	it or receive don:	ations of a	rt bietoria	nal treasures	or oth	er eimilar			
3	assets to be sold to raise funds rather than							☐ Ye		No
Dor	IV Escrow and Custodial Arrange		- au part		garnzanorro				<u> </u>	
rai	Complete if the organization ans		n Form Q	an Part	IV line 9 o	r renc	orted an amour	nt on Form	n	
	990, Part X, line 21.	WCICG ICS OF	01111 3	50, r art	14, 1116 5, 6	л тере	nted an amou	11 011 1 011		
1a	Is the organization an agent, trustee, custo	odian or other in	tormodian	, for contr	ibutions or o	thor ac	eate not			
Ia	included on Form 990, Part X?	odian or other in	terrilediary	, ioi willi	ibations or o	liici as	3613 1101	☐ Yes	. [No
b	If "Yes," explain the arrangement in Part X	 (III and complete	the follow	ung table	•		•		' Ш	110
-	in roo, oxplain the arrangement are a							Amount		
С	Beginning balance					1	С		-	(
d	Additions during the year					10	d			
е	Distributions during the year				•	1	e			
f	Ending balance			•		1	f			(
2a	Did the organization include an amount or	n Form 990. Part	X. line 21	. for escre	ow or custod	al acco	ount liability?	Yes	s X	No
b	If "Yes," explain the arrangement in Part X						•		П	
Part										
rait	Complete if the organization ans	wered "Yes" or	n Form Q	00 Part	IV line 10					
		(a) Current year	(b) Pno	- 1	(c) Two years	back	(d) Three years bad	k (e) Fou	r vears	back
1a	Beginning of year balance	0	(47) 115	0		0	(-)	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(
ь	Contributions					Ť				
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		<u>ol</u>		(
2	Provide the estimated percentage of the c	urrent year end l	balance (lı	ne 1g, co	lumn (a)) hel	d as:				
а	Board designated or quasi-endowment	•	<u>%</u> .							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c s	•		- 414		!-!-4-				
3a	Are there endowment funds not in the pos	session of the of	rganization	i triat are	neio ano aoi	ministe	rea for the	Г	Yes	No
	organization by (i) unrelated organizations							3a(i)	162	NO
	(ii) related organizations	•		•	•			3a(ii)	\neg	
b	If "Yes" on line 3a(ii), are the related organ	nizations listed a	 s required	on Scher	 Jule R?	•		3b		
4	Describe in Part XIII the intended uses of						•	<u> </u>		
Part			0.0110011111				-			
	Complete if the organization answer		n Form 99	90. Part	IV. line 11a	. See	Form 990. Par	t X. line 1	0.	
	Description of property	(a) Cost or oth			st or other) Accumulated	(d) Boo		 -
	energy	(investme	I .		s (other)		depreciation			
1a	Land		0		0					(
b	Buildings		0		0		0			(
С	Leasehold improvements .		0		0		0			(
d	Equipment		0		0		0			
<u>e</u>	Other		0		0		0			(
Total	. Add lines 1a through 1e. (Column (d) mus	t equal Form 996	0. Part X (column (P	3) line 10c)					(

Scriedale D (FOI)		ation		20-12//941 Fage 5
Part VII	Investments—Other Securities. Complete if the organization answer	ered "Yee" on Form 990) Part IV line 11h See Form	000 Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
<u></u>	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial		0		
• •	eld equity interests	0		
				
(C)				
(D)				·····
(E)				
(F)				·
(G)		-		
(H)				
	(b) must equal Form 990, Part X, col (B) line 12)	0		· · ····
Part VIII	Investments—Program Related.	and "Voo" on Form 000) Dort IV line 11e See Form	000 Port V line 12
	Complete if the organization answer		(c) Method of va	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
<u>(1)</u>				
(2)				
_(3)				
_(4)				
(5)				
(6)				. —
<u>(7)</u> (8)	·			
(9)				
	(b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.	· · · ·		
	Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11d. See Form	990, Part X, line 15.
		escription		(b) Book value
(1) Due from				215,654
	ble from split interest agreement			612,298
(4)		 .		
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col (B) lin	e 15)	<u> </u>	827,952
Part X	Other Liabilities. Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11e or 11f. See	e Form 990, Part X,
	line 25.			
<u>1.</u>	(a) Description of liability	(b) Book value		
	income taxes	0		
(2) Annuitie	s payable	101,512		
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25) ▶	101,512	_	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Page 1990, Page 199			leturn.	
1	Total revenue, gains, and other support per audited financial statements		e 12a.	1	1,023,069
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	14,807		
b	Donated services and use of facilities	2b	,,,,,,		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	67,624		
e	Add lines 2a through 2d			2e	82,431
3	Subtract line 2e from line 1			3	940,638
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	940,638
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	th Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		•	1	790,430
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			_
е	Add lines 2a through 2d	•	• •	2e	0
3	Subtract line 2e from line 1	1		3	790,430
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	 ,	40	0
C E	Add lines 4a and 4b			4c 5	0 790,430
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. XIII Supplemental Information.	·) ·			790,430
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV I	nos 1h and 2h. Par	t V line 4	Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to pi				rait A, iiile
		ovide an	y additional informe	1011	
Part 2	CLine 2 This response provides the text of the footnote to the organization's				
ou dit	ed financial statements in accordance with FASB ASC 740 Management evalua	atad tha			
auuit	ed illiancial statements in accordance with PASE ASC 740 Management evalua	ilea ille			
Freer	lom Action Foundation's tax positions and concluded that the Freedom Action F	oundatio	า		
	on rough and a position of the second of the				
had ta	aken no uncertain tax positions that require adjustment to the financial statemer	nts			
to cor	nply with the provisions of this guidance Generally, the Freedom Action Founda	ation			
is no	longer subject to income tax examinations by the U.S. federal, state, or local tax	<u> </u>			
autho	rities for years before 2014.				
Part)	(I Line 2d Includes \$67,624 change in value of split interest agreement				
					·

Schedule D (Form	n 990) 2017	NRAI	Freedom Action	n Foundatio	n		 	26-127	7941	Page 5
Part XIII	Suppler	nental	Information	n (continue	d)					
_										
·							 			
•										
							 			·
					••••		 			
					· • • • • • • • • • • • • • • • • • • •		 			
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						•	 			

SCHEDULE'J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

26-1277941 NRA Freedom Action Foundation Part I **Questions Regarding Compensation** Nο Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 1a 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? 5a Х Any related organization? . . If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?... Any related organization? 6b Х If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9

Schedule J (Form 990) 2017 NRA Freedom Action Foundation

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A line 1a annicable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	Isted	individual must equal t	he total amount of Fo	rm 990, Part VII, Sec	tion A, line 1a, applica	ble column (D) and (E) amounts for that in	dividual
		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	in column (B) reported as deferred on prior Form 990
Chris W Cox	Ξ						0	
1 President, Chair of Board	E	911,095	166,667	22,000	30,000	61,432	1,191,19	
Wilson H Phillips Jr	ε						0	
2 Treasurer, Director	(ii)	525,942	100,000	38,371	19,680	26,003	66'602	# 9 + 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
David Lehman	ε						0	
3 Director	(ii)	377,000	0	69,613	15,900	13,895	476,40	
Mary Rose Adkins	ε							
4 Director	(ii)	238,867	0	7,524	18,500	40,371	305,262	• • • • • • • • • • • • • • • • • • •
	(1)							
5	(ii)							
	(3)		-					
6	(ii)							
	Ξ							
7	(E)							
	(3)							
8	(ii)							
	ε							
6	(ii)							
	€							
10	(ii)							
	(i)							
11	<u>(i)</u>							
	Ξ							
12	⊞							
	Ξ							
13	⊞							
	Ξ							
14	(ii)							
	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
15	▣							
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					
16								
							Sche	Schedule J (Form 990) 2017

Page 3

for any additional information.
Part I Line 3 The related organization paid the individuals who are employed at the related organization while serving as officers
and directors of the filing organization. The related organization utilized a compensation committee, independent compensation
consultants, compensation surveys and studies, comparability data, and ultimate approval by the board or compensation committee.
All decision are properly documented
Part I Line 4b The related organization has deferred compensation retirement plans for certain employees and nonqualified
supplemental executive retirement plans for certain employees. For nonqualified plans, the related organization decides the
benefit amount and timeframe for vesting of each participant using different factors particular to each relevant individual and
his specific circumstances. Payouts are properly included in taxable wages and reported in W-2 income
Part II Line Column B(iii) Other reportable copmensation within taxable wages for Mr Cox included \$18,000 457(b) plan, \$2,610
group life insurance, and \$1,390 taxable personal expenses. Other reportable compensation within taxable wages for Mr. Phillips
and \$4
within taxable wages for Mr. Lehman included \$50,263 457(f) payout (including \$263 interest), \$18,000 457(b) plan, and \$1,350
group life insurance. Other reportable compensation within taxable wages for Ms. Adkins included \$7,524 group life insurance
Part II Line Column C Employer deposits toward benefits that will not be paid until a future date are shown in Column C. The
amount for Mr. Cox included \$15,900 401(k), \$10,320 457(f), and \$3,780 pension plan. The amount for Mr. Phillips included \$15,900
401(k) and \$3,780 pension plan. The amount for Mr Lehman included \$15,900 401(k). The amount for Ms Adkins included \$15,000
401(k) and \$3,500 pension plan.
Part II Line Column D Nontaxable benefits are provided to employees consistent with association industry standards and best
practices. Standard nontaxable benefits include employee benefits such as the employer paid portions of medical and dental plans

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NRA Freedom Action Foundation

Employer identification number

26-1277941

Form 990, Part I, Line 1: The NRA is a 501(c)(4) membership association with four 501(c)(3)
public charities and a Section 527 political action committee, which is a separate segregated
fund. The four charities affiliated with the NRA are NRA Civil Rights Defense Fund, NRA
Foundation Inc, NRA Freedom Action Foundation, and NRA Special Contribution Fund DBA
Whittington Center. The political action committee is the NRA Political Victory Fund. See
Schedule R, Part II
Form 990, Part I, Line 6 Pursuant to IRS instructions, the number of volunteers listed in
Part I line 6 is based on the uncompensated volunteer service by members of the filing
organization's board. Although four of the five board members are compensated by a related
organization, none of that compensation relates to the volunteer aspects of the board service.
Form 990, Part VI, Section A, Line 1b Minimal independence on the NRA Freedom Action
Foundation board is due to charitable board service by four employees of a related
organization
organization.
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the officers, reviewed by the
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the officers, reviewed by the
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the officers, reviewed by the external auditing firm, and made available to the board before it is filed with the IRS
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the officers, reviewed by the external auditing firm, and made available to the board before it is filed with the IRS Form 990, Part VI, Section B, Line 12c: The organization takes conflicts of interest very
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the officers, reviewed by the external auditing firm, and made available to the board before it is filed with the IRS Form 990, Part VI, Section B, Line 12c: The organization takes conflicts of interest very seriously and utilizes a statement of corporate ethics and conflict of interest policy. To
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the officers, reviewed by the external auditing firm, and made available to the board before it is filed with the IRS Form 990, Part VI, Section B, Line 12c: The organization takes conflicts of interest very seriously and utilizes a statement of corporate ethics and conflict of interest policy. To monitor and enforce corporate policies, annual filings must be provided to the NRA Office of
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the officers, reviewed by the external auditing firm, and made available to the board before it is filed with the IRS Form 990, Part VI, Section B, Line 12c: The organization takes conflicts of interest very seriously and utilizes a statement of corporate ethics and conflict of interest policy. To monitor and enforce corporate policies, annual filings must be provided to the NRA Office of the Secretary and General Counsel and reviewed regularly and consistently.
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,	Schedule O (Form 990 or 990-EZ) (2017)	Page	2
	Name of the organization	Employer identification number	
	NRA Freedom Action Foundation	26-1277941	
	section 6104(d) The organization does not make internal operating policies available to the		
	general public.		
	Form 990, Part XI, Line 9: The figure of \$67,624 represents the change in value of split		
	interest agreement	······································	
			
		·····	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 95 to www.irs.gov/Form990 for instructions	Go t
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Open to Public 2017

Employer identification number 26-1277941

NRA Freedom Action Foundation

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity) Pnman	(b) Pnmary activity Legal or fo	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) End-of-year assets	(f) Direct controlling entity	lling
(1)							
(2)							
(3)				:			
(4)							
(5)							
(9)							
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had	ions. Complete if the	l ne organization ar	I Iswered "Yes" or	Form 990, Part	IV, line 34 bec	ause it ha	٦
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?	12(b)(13) olled
						Yes	N N
(1) NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 ME 11250 WAPLES MILL RD FAIRFAX, VA 22030-7400	1EMBERSHIP	ž	501(c)(4)		Ϋ́		×
	CHARITABLE	වු	501(c)(3)	LINE 7	NR.A		×
534	CHARITABLE	ΣZ	501(c)(3)	LINE 7	NR.A		×
(4) NRA CIVIL RIGHTS DEFENSE FUND 52-1136665 11250 WAPLES MILL RD FAIRFAX, VA 22030-7400	CHARITABLE	\$	501(c)(3)	LINE 7	NRA		×
	AC/SSF	\$	527		NRA		×
(9)							
(7)							
For Danamork Reduction Act Notice see the Instructions for Form 990					Schodule	Schodiilo B (Eorim 990) 2017	1 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm HTA}$

Schedule R (Form 990) 2017

Page 2

26-1277941

NRA Freedom Action Foundation

Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

(i) Section 512(b)(13) controlled Schedule R (Form 990) 2017 Percentage ŝ ownership 3 Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part (j) General or managing partner? å (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total vincome Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Share of end-of-year assets (e)
Type of entity
(C στρ., S στρ., or trust) 6 (f) Share of total (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling 1 entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (7) Part IV Ξ 2 ල € 9 9 Ξ 3 **⊙** 3 8 3 9

NRA Freedom Action Foundation

Page 3

26-1277941

Schedule R (Form 990) 2017

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ŝ
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	anizations listed in	Parts II–IV?		Ī	•
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a		×
Φ	Gift, grant, or capital contribution to related organization(s)			1b		×
ပ	Gift, grant, or capital contribution from related organization(s)	•	•	10	×	
ס	Loans or loan guarantees to or for related organization(s)	•		7		×
Φ	Loans or loan guarantees by related organization(s)			1e		×
•	Dividends from related organization(s)			¥	Ì	>
	Sale of accept to related organization(s)			- 5		< >
	Durchase of assets from related organization(s)			20 4	\dagger	< >
=	ruiciase di assets iidiii felateu diganizandi(s)	•		= ;	\dagger	< :
- "	Exchange of assets with related organization(s)			= ;		×þ
-	Lease of facilities, equipment, of ourer assets to related organization(s)			-		<
د	(a) and the second seco			į		>
۷.	Lease of racinities, equipment, or onlier assets from related organization(s)			¥ ;	1	< >
_	Performance of services of membership of fundraising solicitations for related organization(s).			=	1	×
Ε	Performance of services or membership or fundraising solicitations by related organization(s).			Ę	×	
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			-	×	
0	Sharing of paid employees with related organization(s)			10	×	
<u>α</u>	Reimbursement paid to related organization(s) for expenses	٠		1 _p		×
σ	Reimbursement paid by related organization(s) for expenses			19		×
-	Other transfer of cash or property to related organization(s)		· .	=		
S	Other transfer of cash or property from related organization(s)			15		
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	sluding covered rela	including covered relationships and transaction thresholds	n thresho	olds.	Ì
	(e)	(Q)	(2)	_	9	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	thod of determini amount involved	ning d
Ð						
(2)		,				
(3)						
(4)						
(2)				į		
(9)						
			Schedu	Schedule R (Form 990) 2017	n 990)	2017

26-1277941

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(4) Capacitor Primary activity Primary activity Legal donnelle Legal donnell	Are all partners section sociol (3) organizations? Yes No	Share of total income	Share of end-of-year assets	No No No No No No No No No No No No No N	(Form 1065)	General or managing partner	Percentage ownership
	, ke				1 -	\vdash	
1). 2). 3). 4). 6). 6). 7). (9). 10). 11).	<u> </u>					┺	
(2) (3) (4) (5) (6) (7) (9) (9) (10)							
(9) (9) (10) (12)							
(4)							
(5) (7) (8) (9) (10)							
(9) (9) (11)			-				
(7) (9) (9) (10) (11)							
(9) (9) 10) 11)							_
10)							
11)							
11)							
12)							
(13)							
(14)							
(15)							
(16)							

Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.
Part V Line 2	Pursuant to 990 form instructions, although there were transactions noted in
line 1 of this	Schedule R Part V between related organizations, such transactions were not
reguired to be	e reported since threshold limitations were not exceeded with related
organizations	requiring disclosure Also, transactions between 501(c)(3) organizations which
are not contro	olled by NRA Freedom Action Foundation are not generally required to be listed on
this schedule	<u>'</u>
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